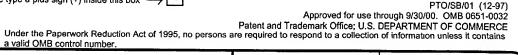
Please type a plus sign (+) inside this box $\longrightarrow$	Please ty	ype a plu	s sign (+)	inside this bo	$\times \rightarrow$	+
---	-----------	-----------	------------	----------------	----------------------	---

PTO/SB/01 (12-97)



## I-2-206US **Attorney Docket Number** DECLARATION FOR UTILITY OR BUCHERT, et al. **First Named Inventor DESIGN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Not Yet Known **Application Number** Not Yet Known Filing Date **X** Declaration ☐ Declaration OR Not Yet Known Submitted Submitted after Initial Group Art Unit with Initial Filing (surcharge (37 ČFR 1.16 (e)) Not Yet Known Filing **Examiner Name** required)

		· · · · · · · · · · · · · · · · · · ·								
As a below named inver	ntor, I hereby declare that:									
My residence, post office	My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
INSERTION SORTER										
MODITION CONTENT										
the specification of which (Title of the Invention)										
is attached hereto	ı									
	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have r	eviewed and understand the	contents of the above iden	tified specificatio	n, including the cla	aims, as					
amended by any amendme	ent specifically referred to abo	ove.		_						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached?					
		<u> </u>		<u> </u>	<u> </u>					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)										
Application Number	(S) Filing Date	e (MM/DD/YYYY)	numbe supple	onal provisional ers are listed on emental priority of BB/02B attached	a data sheet					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box -	+

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

## **DECLARATION** — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.	S. Pare	ent Applicati Numb		PCT P	arent			ent Fi	_			ent Patent N	
												,	
		PCT international											
As a named inv	entor, I h	ereby appoint the onnected therew	e followin	ng regist	ered pra	actitioner(s			this app	plication	and to transa		
			_	OR		ctitioner(s)	***	374 registrat	ion num	nber liste	d below	Place Custo Number Bar Label he	Code
	Nam	e			Regist	ration				Name			stration mber
Name Number Name  Namely, the Attorneys of  Volpe and Koenig, P.C.					,	in the state of th	mbei						
Additional r	egistered	d practitioner(s)	named o	n supple	mental	Registered	Pract	itioner Ir	nformati	ion shee	PTO/SB/020	C attached here	eto.
Direct all corre	Direct all correspondence to: X Customer Number or Bar Code Label OR Correspondence address below								ress below				
Name	VO	LPE AND K	OENI	G, P.C	C. D	EPT IC	С						
Address													
Address													
City						<u> </u>	St	ate_			ZIP		
Country					ephon				·		Fax		
punishable by	true; and fine or in	I statements ma d further that the nprisonment, or t issued thereon.	ese state both, ur	ements v	were ma	ade with t	he kno	wledge	that will	llful false	statements	and the like so	n made are i
Name of So	Name of Sole or First Inventor:												
Gi	ven Nar	me (first and m					_	***	F	Family I	Name or Su	rname	
		Ryan Sa	ımue	I						Bl	JCHER	T	
Inventor's Signature		Myre	Zu	l	R	ert						Date	12-19-01
Residence: C	City	Breini	gsville	ļ	State	PA	C	Country USA Citizenship US				USA	
Post Office A	ddress	P. O. Bo	эх 15,	, 122	6 Ca	rdinal	Driv	/e					
Post Office A	ddress												
City		Breinigsville	State	Р	PA	ZIP		18	031		Country	US	A
Additional	invento	rs are being n	amed o	n the	1 sur	plement	al Add	itional	Invento	or(s) sh	eet(s) PTO/	SR/02A attac	had harata

Please type a plus sign (+) inside this box	<b>→</b>	+
---	----------	---

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if ar	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]	Family Name or Surname							
Chayil		Tim	ımerman					
Inventor's Chury Time				19 Der. 2001 Date				
Residence: City Harleysville	State PA		Country 19438		USA Citizenship			
13 Montgomery Drive								
Mailing Address								
City Harleysville	State PA		ZIP 19438	ountr	y 19438			
Name of Additional Joint Inventor, if ar	ıy:	A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
Younglok	KIM							
Inventor's Signature					Date			
Residence: City Fort Lee	State NJ	USA Country			Citizenship South Korea			
Mailing Address 1090 Kingsland Lane								
Mailing Address								
City Fort Lee	State NJ		ZIP 07024 Co		ountry USA			
Name of Additional Joint Inventor, if a			A petition has been filed t	or this	unsigned inventor			
Given Name (first and middle [if any]	)	Family Name or Surname						
Inventor's Signature					Date -			
Residence: City State			Country Citizenship					
Mailing Address								
Mailing Address								
City	State		ZIP	C	ountry			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time—you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<u>.</u>
,
W
-
ũ
alian Ann
æ
1
Ŋ
N
S. S
1.

Please type	a plus	sign (	+) inside	this box	$\longrightarrow$	+	

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if	A petition has been filed for this unsigned inventor								
Given Name (first and middle [if ar	Family Name or Surname								
Chayil		Tir	mmerman						
Inventor's Signature	1			Date					
Residence: City Harleysville	idence: City Harleysville State PA				USA Citizenship				
Residence: City Harleysville State PA Country 19438 Citizenship USA  Mailing Address 13 Montgomery Drive									
Mailing Address	•								
<b>City</b> : Harleysville	State PA		ZIP 19438 C	ount	<sub>ry</sub> 19438				
Name of Additional Joint Inventor, if a	any:	☐ A petition has been filed for this unsigned inventor							
Given Name (first and middle [if an	y])	Family Name or Surname							
Younglok		KIM							
Inventor's Signature	oug le	u	<b>∕</b> .		Date 12/19/01				
Residence: City Fort Lee	State NJ		USA Country		Citizenship South Korea				
Mailing Address 1090 Kingsland Lane		-							
Mailing Address									
city Fort Lee	State NJ		ZIP 07024	Cou	<sub>ntry</sub> USA				
Name of Additional Joint Inventor, if a			A petition has been filed fo	r this	unsigned inventor				
Given Name (first and middle [if any	<u>(</u> ])	Family Name or Surname							
Inventor's Signature					Date				
Residence: City	State		Country		Citizenship				
Mailing Address									
Mailing Address									
City	State		ZIP	Co	untry				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.